

Transcript Request

(please allow 10 days for processing)

Date of Request: _____

Student Name: _____ Birth Date: _____

Address: _____

Date Graduated from PCS: _____

I hereby authorize you to release a copy of my transcript to: (Please give complete address or email address)

Parent or Student Signature:

Office Use Only

☐ Release of Records

Staff who completed form:

Date sent: _____